

STATE OF NEW HAMPSHIRE
DEPARTMENT OF CORRECTIONS
DIVISION OF ADMINISTRATION

P.O. BOX 1806
CONCORD, NH 03302-1806

603-271-5610 FAX: 603-271-5639
TDD Access: 1-800-735-2964

William L. Wrenn
Commissioner

Bob Mullen
Director

Date Issued: February 16, 2007
Request for Proposals (RFP), Terms and Conditions

Re: RFP Title – Pre-Employment and Fitness for Duty Exams
RFP Number - NHDOC 07-04-GFHR
RFP Closing Date: 4-14-2007

It is the mission of the New Hampshire Department of Corrections: To enhance public safety for the citizens of the State of New Hampshire; to provide effective custody and control, correctional treatment, and rehabilitation of offenders throughout the correctional system including probation, incarceration, and parole; to provide a safe and rewarding work environment for all employees including the opportunity for personal and professional growth and development.

This mission is supported through contracts with non-profit corporations; public corporations: public agencies (agency or department of municipal, county or state government); or by private proprietorships, partnerships, or corporations; or a consortium of public, non-profit, and private entities, that are awarded contracts through the State of New Hampshire Request for Proposals (RFP) process.

1. Brief Description:

Attached is a Request for Proposals and contract format for providing Pre-Employment and Fitness-for-Duty Medical Examinations to the NH Department of Corrections northern area of the State of New Hampshire. The awarded contract will be effective from Governor and Executive Council approval or **July 1, 2007**, whichever is later, through **June 30, 2009** with an option to renew for an additional period of up to two (2) years only after the approval of the Commissioner of Corrections and the Governor and Executive Council of the State of New Hampshire.

2. Vendor Conference:

The NH Department of Corrections will hold a **mandatory** Vendor Conference with all prospective Vendors. The Vendor Conference is mandatory for establishing suitable Vendors and to answer any questions related to this contract and the technical aspects of the services to be contracted, **Proposals will not be accepted from Vendors who do not attend the Vendor Conference.** This Vendor Conference will be held on **3-23-2007 at 10:00am, at the NH Department of Corrections Commissioner's Office Conference Room, 105 Pleasant Street, Concord NH (Governor Gallen State Office Park, NH Hospital Main Building, 4th Floor).**

2.1. The purpose of the Vendor Conference is to:

- 2.1.1. Request clarification of any section of the RFP.
- 2.1.2. Request changes to the RFP for requirements considered so restrictive as to prohibit or discourage responses.
- 2.1.3. Offer suggestions or changes to the RFP, which could improve the RFP competition or lower the offered price.
- 2.1.4. Review any applicable documentation.

2.2 RSVP to Attend Vendor Conference

- 2.2.1 Vendors are requested to RSVP via US mail, fax or email by **3/16/2007** indicating the number of individuals (maximum of 2) who will attend the Vendor Conference. Send this written RSVP to Lisa Angelini either by email fax or regular mail. See below for contact information.

3. Proposal Inquiries

- 3.1. All inquiries concerning this Request for Proposals shall be made in writing, citing the RFP Title, RFP Number, Page, Section, and Paragraph, and submitted to Lisa Angelini at the addresses as listed below.
- 3.2. No inquiries will be entertained unless they are written or typed and received by the addressed person on or before the date listed on the Schedule of Events. Inquiries must be submitted by the officer of the organization that is permitted to legally obligate the organization to the terms of this RFP and Contract.
- 3.3. All inquiries and RSVP's pertaining to the services being requested or this RFP herein should be directed in writing to:

Employee Health Services Administrator Lisa Angelini NH Depart. Of Corrections PO Box 1806 Concord, NH 03302-1806 langelini@nhdoc.state.nh.us

4. Specifications:

Vendors must submit proposals as specified. Vendors shall be notified in writing if any changes to this Request for Proposals (RFP) are made. Verbal agreements or instructions from any source are not authorized.

5. Special Note:

- 5.1 The NH Department of Corrections reserves the right to accept or reject any or all proposals and to cancel this RFP in whole or in part upon written or published notice of intent to do so. Financial responsibility for preparation of proposals is the sole responsibility of the vendor.
- 5.2 Financial commitment by the NH Department of Corrections (NHDOC) will not occur until such time as the Governor and the Executive Council of the State of New Hampshire approve a contract.

6. Proposal Submissions

Please submit **three (3) original** complete signed proposals. Proposals must be typed or clearly printed in ink. Corrections must be initialed. Proposals that are not complete or are unsigned will not be considered. Any proposal received after the deadline will be considered "technically non-responsive" and the vendor will be so notified by the NH Department of Corrections.

7. Labeling the Proposal for Submission

Please clearly mark the outside of your envelope RFP NHDOC 07-04-GFHR, closes 4/14/2007 **Proposals must be received by the Contract/Grant Administrator no later than April 14, 2007, before 2:00pm to be considered.** The address to submit proposals to is: PO Box 1806, Concord, NH 03302-1806 or hand delivered to Room 324, on the third floor of the NH DOC Headquarters Administrative Building, 105 Pleasant Street, Concord NH, 03301.

8. Evaluation Criteria/Procedural

The proposal shall be subject to a procedural review by the Contract Administrator prior to any other evaluation reviews to ensure the proposal:

- conforms in form and format to the instructions contained within the RFP;
- is complete;
- is properly executed; and
- contains all required supporting documentation.

9. Best Interest of the State

If the NHDOC determines it is in the best interest of the State, it may seek a "*BEST AND FINAL OFFER*" from Vendors submitting acceptable and /or potentially acceptable proposals. The "*BEST AND FINAL OFFER*" would provide a Vendor the opportunity to amend or change its original proposal to make it more acceptable to the State. NHDOC reserves the right to exercise this option.

10. Proposals received from qualified Vendors will be evaluated on a 'Best Value' basis using the criteria identified in this section. The State expects to contract with one vendor but may upon its discretion contract with more than one vendor.

11. Proposal Receipt and Review

- 11.1. Proposals will be reviewed to initially determine if minimum submission requirements have been met. The review will verify that the proposal was received before the date and time specified, with the correct number of copies, the presence of all required signatures, and that the proposal is sufficiently responsive to the needs outlined in the Request for Proposals to permit a complete evaluation. Failure to meet minimum submission requirements will result in the proposal being rejected and not included in the evaluation process.

- 11.2. The State will select a group of personnel to act as an evaluation team. Upon receipt, the proposal information will be disclosed to the evaluation committee members only. The proposal will not be publicly opened.
- 11.3. The State reserves the right to waive any irregularities, minor deficiencies and informalities that it considers not material to the proposal.
- 11.4. The State may cancel the procurement and make no award, if that is determined to be in the State's best interest.

12. Evaluation Criteria

Proposals will be evaluated based upon the proven ability of the respondent to satisfy the requirements of this Request in a cost-effective manner. Specific criteria are:

- Technical Experience/Ability; and
- Pricing

Note: If the Technical Experience/Ability of an organization does not fit with the needs of that of the NH Department of Corrections that will designate the vendor as non-qualifying. The non-qualifying vendor will be omitted from the rest of the evaluation and will be so notified in writing.

13. Public Disclosure

- 13.1. RSA 21-I: 13-a, II provides, in part, that no information shall be made available to the public concerning invitations or proposals for public bids from the time the proposal is made public until a contract is actually awarded in order to protect the integrity of the public proposal process. Accordingly, the State has determined that information contained in proposals submitted in response to any RFP shall not be released to the public until the Governor and Executive Council of the State of New Hampshire approve a contract. At that time, all proposals will be disclosed to the public to the extent required by the statutes governing access to public records and meetings, RSA Ch. 91-A.
- 13.2. Awards will be made to the responsive Vendor(s) whose proposals are deemed to be the most advantageous to the State, taking into consideration all evaluation factors.
- 13.3. Proposals will be made available to the public after all discussions, negotiations, final awards have been made and after Governor and Executive Council approval. The NH Department of Corrections reserves the right to reject any and all proposals submitted in response to this RFP.

14. Selections, Notification, and Award of Contract

- 14.1. Although proposals may be accepted and a contract awarded without discussion, the State may initiate discussions should clarification or negotiation become necessary. These discussions will usually be limited to all acceptable proposals but may also be extended to the potentially acceptable proposals. Vendors shall be prepared to send qualified personnel to discuss technical and contractual aspects of the proposal.
- 14.2. If the Department of Corrections awards a contract relative to this Request for Proposals, a letter shall advise the successful Vendor(s). Public announcements or news releases pertaining to any contract awarded shall not be made without the written permission of the NH Department of Corrections.

Schedule of Events
(Timetable)

Table 15.

Event #	Description of Event	Date of Event
15.1.	RFP Issued	2/16/2007
15.2.	Written Inquiries Due	3/16/2007
15.3.	Answer to Inquiries, Posted to the NH DOC website.	3/23/2007
15.4.	Vendor Conference	3/23/2007
15.5.	Proposals Due	4/14/2007
15.6.	Best & Final Offer	If Necessary
15.7.	Contract Finalization	April - May 2007
15.8.	Approval by the Governor and Executive Council	May - June 2007
15.9.	Start Contracted Services	7/1/2007

Proposal Cover Sheet Instructions

Page 1 of 1

1. Location of Services

This is for the NH Department of Corrections to establish a Southern Vendor to provide these services.

2. Vendor:

Organization name as it appears on the Certification of Good Standing provided by NH Secretary of State.

Note: In order to obtain the Certificate of Good Standing, write directly to the Secretary of State, Corporate Division, State House Room 204, 107 North Main Street, Concord, NH 03301-4989. Requests must include the complete name of the company as it is registered with the Office of the Secretary of State and a check for \$5.00 made payable to the State of New Hampshire. In the event that you need to expedite the request, you may fax the request to 603-271-3247 or go in person to request a copy and you will be billed \$30.00 for the expedited service. Include your mailing address, corresponding check number, and telephone and fax numbers. You will receive a fax of the Certificate in addition to a mailed copy.

3. Address:

Address as identified on Alternate W-9 and actual location(s) of vendor business. Not a PO Box number.

4. Signature:

Person authorized to legally bind the vendor to the terms of this RFP and the State Contract Form (P-37).

5. Date:

Date the document is signed.

6. Title:

Title of the officer signing the contract.

7. Type or Print Name Signed Above:

Typewritten name of the person responsible for the implementation of this service (Project Director).

8. Contact Person:

Name of a representative responsible to service this contract.

9. Telephone:

Telephone number of the Contact Person.

10. Email:

Email address of the Contact Person.

11. Fax:

Number where a fax can reach the Contact Person.

Proposal Cover Sheet

Page 1 of 1

PROPOSAL FOR:

The provision of Pre-Employment and Fitness-for-Duty Medical Examination Services to the NH Department of Corrections. Contracts as a result of this RFP are for the purposes of establishing a Southern Vendor to provide these services.

1. LOCATION AND DURATION OF SERVICES:

- Location and Duration

Location: Pre-Employment and Fitness-for-Duty Medical Examination Services are to be furnished to the New Hampshire State Prison:

Duration: This contract will begin July 1, 2007 and will expire on June 30, 2009, or upon Governor and Council approval, whichever is later, and has an option to renew for an additional period of up to two (2) years after Governor and Executive Council approval.

OFFER: The undersigned hereby proposes to furnish to the STATE OF NEW HAMPSHIRE, the services as described in the PROPOSAL in accordance with the specifications contained herein.

Responding to RFP Number: **NHDOC 07-04-GFHR**

The signer of the vendor below signifies the assent of the vendor to all of the terms and conditions of this RFP unless exception is taken, in writing.

2. VENDOR: _____
Name of Corporation or Respondent

3. ADDRESS: _____
Street Address

City or Town State Zip Code

4. SIGNATURE / INITIAL 5. DATE

6. TITLE

7. TYPE NAME OF SIGNATORY

8. CONTACT PERSON: _____ 9. TELEPHONE: _____

10. E-MAIL: _____ 11. FAX: _____

Proposal Check Sheet

Page 1 of 1

Materials to be Submitted

Vendors shall submit **three (3) original copies** of their proposal and the following executed documents with original signatures in ink, signed by the Corporate Officer duly authorized to execute said documents on behalf of the corporation as listed on the Certificate of Authority.

If your organization is interested in submitting a proposal complete/obtain and return the following:

- ☐ Proposal Cover Sheet;
- ☐ Proposal Check Sheet;
- ☐ Exhibit A – Scope of Services;
- ☐ Exhibit B – Estimated Budget/Method of Payment;
- ☐ Attachment 1 – Contract Form P-37 (Execute All Highlighted Sections);
 - Please fully execute: Items 1.3, 1.4, 1.11, and 1.12, in front of a notary or Justice of the Peace and have them fill out Items 1.13, 1.13.1, and 1.13.2.
- ☐ Attachment 2 - Rules of Conduct for Persons Providing Contracted Services;
- ☐ Attachment 3 - Administrative Rules;
- ☐ Attachment 4 - Confidentiality of Information Agreement;
- ☐ Attachment 5 - Certificate of Authority;
- ☐ Attachment 6 - Alternate W-9 Form;

Other necessary forms for submission:

- ☐ Certificate of Good Standing:

In order to obtain a Certificate of Good Standing, write directly to the Secretary of State, Corporate Division, State House Room 204, 107 North Main Street, Concord, NH 03301-4989. Requests must include the complete name of the company as it is registered with the Office of the Secretary of State and a check for \$5.00 made payable to the State of New Hampshire.

In the event that you need to expedite the request, you may fax the request to (603) 271-3247 or go in person to request a copy and you will be billed \$30.00 for the expedited service.

Include your mailing address, corresponding check number, and telephone and fax numbers. You will receive a fax of the Certificate in addition to a mailed copy.

- ☐ Certificate of Insurance Coverage:

The vendor must contact their Insurance provider to get this form pursuant to section 14 of the State Form (P-37). Once obtained you may include it with your responding proposal. The vendor may have your insurance provider fax a copy of the form to: NH Department of Corrections, Contract Administrator, (603) 271-5639. The Certificate of Insurance must designate the NH Department of Corrections, PO Box 1806, Concord, NH 03302-1806, as a Certificate Holder on the form to be accepted by the State of NH. **The minimum General Liability coverage must be maintained by the Vendor throughout the contract and be no less than \$2,000,000 Each Occurrence and \$2,000,000 General Aggregate.**

Exhibit A

Scope of Services

Page 1 of 3

PRE-ASSIGNMENT AND/OR FITNESS FOR DUTY EXAMINATIONS IN ACCORDANCE WITH THE ATTACHED REQUEST FOR PROPOSAL (Medical Guidelines adopted by N. H. Police Standards & Training Council)

Credentials

All examinations will be performed by Board Certified (Occupational Health) Physicians, certified Advanced Registered Nurse Practitioners (ARNP) or certified Physician Assistants duly licensed to practice in the state of New Hampshire.

Pre-assignment Examinations

1. Pre-assignment examinations will be scheduled after the applicant has accepted a conditional offer of employment.
2. Documentation will be recorded on forms provided by the NH Department of Corrections
3. Applicants will receive a Physical Evaluation Packet at the time of the offer of employment (contents attached) and complete the Medical History form prior to reporting for their examination.
4. The examination will include:
 - a. Medical and Occupational history
 - b. Physical examination of all body systems
 - c. TB Screening
 - 1.) Mantoux skin test will be administered to all applicants unless specifically waived by NH DOC or Employee Health Administrator for section 5, item b.
 - 2.) Symptoms check will be performed for individuals with history of previous positive skin test or determined by the examiner.
 - 3.) Chest X-ray if applicable being determined by the examiner.
 - d. Audiology screening via pure tone audiometer for officer applicants only .
 - e. Urinalysis via dipstick.
 - f. Electrocardiogram (EKG) per community clinical standards
5. Addressing significant findings:
 - a. Positive responses to items 11-24 on the Medical History form and must be addressed and commented upon in Item 28 of that form.
 - b. Positive clinical findings in items 7-20 on the Physical Examination form and must be addressed in Item 21 of that form.
6. Distribution:
 - a. Applicant is to receive the following documents at the conclusion of the examination:
 - 1.) TB Screening/Immunization Record when Mantoux skin test is performed; if symptom check is performed, do not give this form to the Applicant.
 - 2.) Front Door Pass Memo
 - 3.) The last copy of the Occupational Health form
 - 4.) Medical Follow -up Notice, if applicable
 - 5.) Audiology Referral Memorandum and Medical Standards for recourse audiology testing, if applicable
 - b. NH DOC Employee Health Services is to receive the originals of all forms included in the packet, marked "confidential" and mailed to:

NH DOC Employee Health Services
PO Box 1806
Concord, NH 03301-1806
 - c. Contractor is to retain carbons of forms included in the packet

PLEASE NOTE: Any **additional testing/procedures** performed by vendor, other than EKG as referred to previously, will require **prior authorization** and approval by either the N. H. Department of Corrections Administrator of Employee Health Services, or Administrator of Human Resource

(
Fitness for Duty Evaluations

1. General Fitness for Duty Evaluations

- a. At the request of the Department of Corrections, employees may be scheduled to have an evaluation of their health status as it relates to:
 - i. their physical capacity to perform their required duties, or;
 - ii. to the communicability of disease.
- b. These evaluations are tailored to the occupation of the employee and the environment in which the employee works.

2. Duty-specific Evaluations

These evaluations are for the purposes of meeting acceptable safety and health practices for individuals who are required to use specialized equipment for particular duty assignments; to include, but not limited to the wearing of tight fitting respirators.

- a. The contractor will review a standard medical questionnaire for the fee specified in Exhibit B
This review includes all administrative paperwork and phone consultations with the employee and/or Administrator of Employee Health Services.
- b. If the examiner determines that an examination is necessary, the medical questionnaire review fee will be waived and the Fitness for Duty fee as specified in Exhibit B will apply.

] Immunizations

- 1. Correctional Officers and direct patient care Health Services Staff will be offered the Hepatitis B vaccine, consisting of a series of three (3) injections
- 2. Administration of the series will begin after date of hire.
- 3. Employees are responsible for making and keeping appointments for receiving the vaccine.

] Duration of Contract

- 1. The contract is for the period beginning July 1, 2007, or, upon Governor and Executive Council approval, whichever is later, through June 30, 2009.
- 2. Upon mutual agreement of the parties, the contract may be renewed once for a period of up to two (2) years upon the approval of the Governor and Executive Council of the State of New Hampshire.
- 3. When the contract is extended as per above the same terms and conditions of the original contract will remain in effect during the extension period.

Other Terms

- (
- 1. The Contractor must be equipped to provide handicap access to services as per the Americans With Disabilities Act and the governor's Commission of the Disabled.
 - 2. This contract may be modified as needed upon mutual written agreement between the parties; modifications will be limited to process or forms revisions only.

Appointment Scheduling Options (Check the appropriate box)

<u>Availability:</u>	<u>Yes</u>	<u>No</u>
Appointment within 24 hours	<input type="checkbox"/>	<input type="checkbox"/>
Appointment within 48 hours	<input type="checkbox"/>	<input type="checkbox"/>
Appointment within 72 hours	<input type="checkbox"/>	<input type="checkbox"/>
Appointment within 1 week	<input type="checkbox"/>	<input type="checkbox"/>
Weekend appointments available	<input type="checkbox"/>	<input type="checkbox"/>
Evening appointments available	<input type="checkbox"/>	<input type="checkbox"/>

Exhibit B

Estimated Budget/Method of Payment

Page 1 of 2

1. The contract amount is not to exceed the dollar amount set forth on the State Form (P-37) of this agreement, section 1.8 - Price Limitation.
 - 1.1. The Contractor will submit monthly invoices as follows:
 - 1.1.1. Complete and submit 2 original signed monthly invoices containing the following information:
 - 1.1.2. description of the service (s) provided,
 - 1.1.3. dates of said service (s),
 - 1.1.4. cost of the service (s).
2. Due dates for monthly invoices will be the 15th of the month following the month in which services are provided.
3. All invoices will be sent to the Employee Health Services Administrator at the NH Department of Corrections (NHDOC), Headquarters, PO Box 1806, Concord, NH 03302-1806, for approval before payment will be issued.
4. Within thirty (30) days of approval of said invoice by the NHDOC, the department shall reimburse the Contractor the amount of the Contractor's approved invoice.
5. The NH Department of Corrections may make adjustments of the payment amount and/or suspension of payments if the following occur: The monthly invoice is not submitted in accordance with the instructions established by the NHDOC.
6. The attached fee schedule will remain in force for the duration of this contract. See Exhibit B.
7. Monthly invoiced shall be submitted, in duplicate, by the contractor to:

DEPARTMENT OF CORRECTIONS
NH DEPARTMENT OF CORRECTIONS
ATTN: EMPLOYEE HEALTH SERVICES ADMINISTRATOR
PO BOX 1806
CONCORD, NEW HAMPSHIRE 03302-1806
8. Contractor invoices shall be limited to billing for Pre-Employment and Fitness-for-Duty Medical Examination services only.
9. This contract may be renewed one time for a period of up to two (2) years under the same terms and conditions, upon mutual agreement of the parties and approval by the Governor and Executive Council of the State of NH.

Exhibit B

Estimated Budget/Method of Payment

Page 2 of 2

FEE SCHEDULE QUOTATION

CONTRACTOR NAME: _____

Fee Schedule

Service

Fee

Pre-assignment Physical Examination for Officers (Mantoux; Dipstick u/a; Audiology) _____

Pre-assignment Physical Examination for Civilians (Mantoux; Dipstick u/a) _____

Audiology Screen using audiometer _____

Mantoux Test _____

Electrocardiogram _____

Chest X-Ray _____

Hepatitis B Vaccine--(Series of three [3])--Cost PER DOSE _____

Fitness for Duty Evaluation (Specific to occupational demands and/or Individual's medical condition) _____

Medical Questionnaire Review _____

N.H. DEPARTMENT OF CORRECTIONS
RULES OF CONDUCT FOR PERSONS PROVIDING CONTRACT SERVICES

1. Engaging in any of the following activities with persons under departmental control is strictly prohibited:
 - a. Any contact, including correspondence, other than in the performance of your services for which you have been contracted.
 - b. Giving or selling of anything
 - c. Accepting or buying anything
2. Any person providing contract services who is found to be under the influence of intoxicants or drugs will be removed from facility grounds and barred from future entry to Department of Corrections property.
3. Possession of any item considered to be contraband as defined in the New Hampshire code of Administrative Rules, COR 307 is a violation of the rules and the laws of the State of New Hampshire and may result in legal action under RSA 622:24 or other statutes.
4. In the event of any emergency situation, i.e., fire, disturbance, etc., you will follow the instructions of the escorting staff or report immediately to the closest available staff.
5. All rules, regulations and policies of the Department are designed for the safety of the staff, visitors and residents, the security of the facility and an orderly flow of necessary movement and activities. If unsure of any policy and procedure, ask for assistance from a staff member before advancing any further.
6. Harassment and discrimination directed toward anyone based on sex, race, creed, color, national origin or age are illegal under federal and state laws and will not be tolerated in the work place. Maintenance of a discriminatory work environment is also prohibited. Everyone has a duty to observe the law and will be subject to removal for failing to do so.
7. During the performance of your services you are responsible to the facility administrator, and by your signature below, agree that your organization will abide by all the rules, regulations, policies and procedures of the Department of Corrections and the State of New Hampshire.

Name

Signature

Date

Witness Name

Signature

Date

N.H. DEPARTMENT OF CORRECTIONS
ADMINISTRATIVE RULES

COR 307 Items Considered Contraband. Contraband shall consist of:

- (a) Any substance or item whose possession is unlawful for the person or the general public possessing it including but not limited to:
 - (1) narcotics
 - (2) controlled drugs or
 - (3) automatic or concealed weapons possessed by those not licensed to have them.
- (b) Any firearm, simulated firearm, or device designed to propel or guide a projectile against a person, animal or target.
- (c) Any bullets, cartridges, projectiles or similar items designed to be projected against a person, animal or target.
- (d) Any explosive device, bomb, grenade, dynamite or dynamite cap or detonating device including primers, primer cord, explosive powder or similar items or simulations of these items.
- (e) Any drug item, whether medically prescribed or not, in excess of a one day supply or in such quantities that a person would suffer intoxication or illness if the entire available quantity were consumed alone or in combination with other available substances.
- (f) Any intoxicating beverage.
- (g) Sums of money or negotiable instruments in excess of \$100.00.
- (h) Lock-picking kits or tools or instruments on picking locks, making keys or obtaining surreptitious entry or exit
- (i) The following types of items in the possession of an individual who is not in a vehicle, but shall not be contraband stored in a secured vehicle:
 - (1) knives and knife-like weapons
 - (2) clubs and club-like weapons
 - (3) maps of the prison vicinity or sketches or drawings or pictorial representations of the facilities, its grounds or its vicinity
 - (4) pornography or pictures of visitors or prospective visitors undressed
 - (5) radios capable of monitoring or transmitting on the police band in the possession of other than law enforcement officials
 - (6) identification documents, licenses and credentials not in the possession of the person to whom properly issued.
 - (7) ropes, saws, grappling hooks, fishing line, masks, artificial beards or mustaches, cutting wheels or string rope or line impregnated with cutting material or similar items to facilitate escapes.
 - (8) balloons, condoms, false-bottomed containers or other containers which could facilitate transfer of contraband.

COR 307.02 Contraband on NHDOC grounds is prohibited. The possession, transport, introduction, use, sale or storage of contraband on the prison grounds without prior approval of the commissioner of corrections or his designee is prohibited under the provision of RSA 622:24 and RSA 622:25.

COR 307.03 Searches and Inspections Authorized.

- (a) Any person or property on state prison grounds shall be subject to search to discover contraband...

Travel onto prison grounds shall constitute implied consent to search for contraband. In such cases where implied consent exists, the visitor will be given a choice of either consenting to the search or immediately leaving the prison grounds. Nothing in this rule however, prevents non-consensual searches in situations where probable cause exists to believe that the visitor is or had attempted to introduce contraband into the prison pursuant to the law of New Hampshire concerning search, seizure and arrest.

- (b) All motor vehicles parked on prison grounds shall be locked and have the keys removed. Custodial personnel shall check to insure that vehicles are locked and shall visually inspect the plain-view interior of the vehicles. Vehicles discovered unlocked shall be searched to insure that no contraband is present. Contraband discovered during searches shall be confiscated for evidence, as shall contraband discovered during plain-view inspections.

- (c) All persons entering the facilities to visit with residents or staff, or to perform services at the facilities or to tour the facilities shall be subject to having their persons checked... All items and clothing carried into the institution... shall be searched for contraband.

Name

Signature

Date

Witness Name

Signature

Date

N.H. DEPARTMENT OF CORRECTIONS
CONFIDENTIALITY OF INFORMATION AGREEMENT

I understand and agree that I and/or all employed by the organization I represent must abide by all rules, regulations and laws of the State of New Hampshire and the NH Department of Corrections that relate to the confidentiality of records and all other privileged information.

I further agree that I and/or all employed by or subcontracted through the organization I represent are not to discuss any confidential or privileged information with family, friends or any persons not professionally involved with the NH Department of Corrections. If inmates or residents of the NH Department of Corrections, or, anyone outside of the NH Department of Corrections' employ approaches any of the our organization's employees or subcontractors and requests information, the staff/employees of the organization I represent will immediately contact their supervisor, notify the NH DOC, and file an incident report or statement report with the appropriate NH DOC representative.

Any violation of the above may result in immediate termination of any and all contractual obligations.

<hr/> Name	<hr/> Signature	<hr/> Date
<hr/> Witness Name	<hr/> Signature	<hr/> Date

CERTIFICATE OF AUTHORITY
WITH SEAL
(Corporation)

I, _____, do hereby certify
(Name of Clerk of the Corporation, can not be the one who signed the contract) that:

1. I am a duly elected Clerk of _____.
(the Corporation)
2. The following are true copies of two resolutions duly adopted at a meeting of the Board of Directors of the Corporation duly held on _____.
(date given authority)

RESOLVED: That this Corporation enter into a contract with the State of New Hampshire, acting through its Department of Corrections, for the provision of _____ services.

RESOLVED: That the _____
(Title of the one who signed the contract)
is hereby authorized on behalf of this Corporation to enter into the said contract with the State and to execute any and all documents, agreements and other instruments, and any amendments, revisions, or modifications thereto, as he/she may deem necessary, desirable or appropriate.

3. The foregoing resolutions have not been amended or revoked, and remain in full force and effect as of _____.
(today's date)
4. _____ is the duly elected
(Name of one who signed contract)
_____ of the
Corporation. (Title of one who signed the contract)

Signature of the Clerk of the Corporation

(CORPORATE SEAL)

CERTIFICATE OF AUTHORITY
(Sole Proprietor)

I, _____, as a Sole Owner of my Business, _____
certify that I am authorized to enter into a contract with the State of New Hampshire, Department
of Corrections on behalf of myself.

IN WITNESS WHEREOF, I have set my hand as the Sole Owner of the Business this
_____ day of _____, 20__.

Sole Owner

STATE OF _____

COUNTY OF _____

On this the _____ day of _____, 20__, before me, _____
_____ the undersigned Officer, personally appeared _____,
who acknowledge her/himself to be the Sole Owner, of _____, a
Business, and that she/he, as such Sole Owner being authorized to do so, executed the foregoing
instrument for the purposes therein contained, by signing the name of the Business by
her/himself as _____.

IN WITNESS WHEREOF I hereunto set my hand and official seal.

(OFFICIAL SEAL)

Notary Public / Justice of the Peace

My Commission Expires: _____

CERTIFICATE
(Partnership)

I, _____, a Principle of _____, do hereby certify that:

1. I am a Principle of _____, a partnership (the "Partnership") and Partner-in-Charge of the _____ Office of the Partnership;
2. I maintain and have custody of a copy of the Partnership Agreement of the Partnership and a list of the General Partners and Principles of the Partnership assigned to the _____ Office;
3. I am duly authorized to issue certificates with respect to such Partnership Agreements and such General Partners and Principals;
4. I have attached hereto as Certificate, Attachment 4c, a true, accurate and complete excerpt of the relevant provision of the Partnership Agreement of the Partnership setting forth the authority of a Principal of the Partnership to enter into and sign agreements in the name of and on behalf of the Partnership;
5. _____, is on the date hereof, and since or before _____, 20 ____ has been, a Principal of the Partnership as referred to in Certificate Exhibit A attached hereto;
6. As a Principal of the Partnership she/he is fully authorized on behalf of and in the name of the Partnership to enter into and to take any and all actions to execute, acknowledge and deliver the contract with the State of New Hampshire, acting through the Department of Corrections, Division of Administration, providing for the performance by the Partnership of certain _____ services, and any and all documents, agreements and other instruments (and any amendments, revisions, or modifications thereto) as she/he may deem necessary, desirable or appropriate to accomplish the same;
7. The signature of _____, as Principal of the Partnership affixed to any instrument or document described in or contemplated by the preceding paragraph shall be exclusive evidence of the authority of said Principal to bind the Partnership thereby;
8. The excerpt of the Partnership Agreement of the Partnership attached as Certificate Exhibit A has not been revoked, annulled, or amended in any manner whatsoever and remains in full force and effect as of the date hereof;

9. The following persons, whose signatures appear below, have been duly appointed or assigned to and now occupy the positions indicated below in the Partnership:

Signature Name and Title

Signature Name and Title

10. IN WITNESS WHEREOF, I have hereunto set my hand as a Principal of the Partnership this _____ day of _____, 20_____.

STATE OF _____

COUNTY OF _____

On this, the _____ day of _____, 20_____, before me,
_____, the undersigned Officer, personally appeared
_____, who acknowledged her/himself to be the
_____, of _____, a
corporation, and that she/he, as such _____ being authorized to do
so, executed the foregoing instrument for the purposes therein contained, by signing the name of
the corporation by her/himself as _____.

IN WITNESS WHEREOF I hereunto set my hand and official seal.

(OFFICIAL SEAL)

Notary Public / Justice of the Peace

My Commission Expires: _____



STATE OF NEW HAMPSHIRE
DEPARTMENT OF CORRECTIONS
DIVISION OF ADMINISTRATION

P.O. BOX 1806
CONCORD, NH 03302-1806

603-271-5610 FAX: 603-271-5639
TDD Access: 1-800-735-2964

William L. Wrenn
Commissioner

Bob Mullen
Director

September 30, 2006

Attn: Prospective Bidder:

To establish your company as a vendor for the State of New Hampshire, an "Alternate W-9" form is required. This form is for IRS purposes. The following information may help you in completing this form.

Individuals and sole proprietors must use their social security number in combination with their name, while partnerships and corporations must use their Federal Identification Number in combination with their company name. A Company is not automatically a corporation – be sure of your status before completing this form. In all cases, the information in our files should reflect the same information you use to file your annual federal tax return.

Please return the completed "Alternate W-9" form to:

NH Department of Corrections
Attn: Business Office/ Fiscal Management
PO Box 1806
Concord, NH 03302-1806

Or the form may be faxed to: (603) 271-5639.

If you have any questions, please call (603) 271-5130.

Thank you for your assistance with this matter, and we look forward to many years of doing business with your company.

Sincerely,

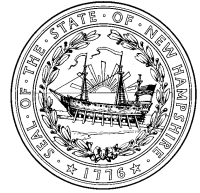
Keith T. Ridings

Keith Ridings
Contract/Grant Administrator
NH Department of Corrections

STATE OF NEW HAMPSHIRE

ALTERNATE W-9 FORM

PAYER'S REQUEST FOR TAXPAYER
IDENTIFICATION NUMBER & CERTIFICATION



PLEASE USE THIS FORM TO
PROVIDE THE REQUESTED INFORMATION

Attachment 5

Pursuant to IRS Regulations, you must furnish your Taxpayer Identification Number (TIN) to the State whether or not you are required to file tax returns. If this number is not provided, you may be subject to a 31% withholding on each payment made to you. To avoid this 31% withholding & to ensure that accurate tax information is reported to the IRS, A RESPONSE IS REQUIRED.

If a service provider is a part of a GROUP PRACTICE, it is the group name & TIN which is required on this Alternate W-9. If the service provider is a SOLE PROPRIETOR, it is the individual name & TIN which is required on this Alternate W-9.

NAME: _____

ADD'L or D/B/A NAME: _____

BUSINESS ADDRESS: _____

CITY/TOWN: _____ STATE: _____ ZIP: _____

HOME ADDRESS: _____

CITY/TOWN: _____ STATE: _____ ZIP: _____

TAXPAYER IDENTIFICATION NUMBER (TIN) as used on IRS tax return.

SSN _____ - _____ - _____ EIN/FIN _____ - _____ - _____

PRINCIPAL ACTIVITY (select only ONE).

Service Provider ☐ Product/Merchandise Provider ☐ Other Provider ☐

List principal type of service product or other you provide:

DESIGNATION (select ALL which apply to you/your organization).

- | | | |
|--|--|--|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Government | <input type="checkbox"/> Personal Services Corporation |
| <input type="checkbox"/> Sole Proprietor | <input type="checkbox"/> Estate or Trust | <input type="checkbox"/> Health Care Provider |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Corporation | <input type="checkbox"/> Non-Profit (attach copy of exemption) |

Under penalty of perjury, I declare that the information provided is true, correct & complete, to the best of my knowledge or belief.

NAME & TITLE (print or type) _____

TELEPHONE #: _____ SIGNATURE: _____ DATE: _____

On the next page (Form P-37)
only execute the **shaded** sections.
Do Not execute any other part of
the document.

Subject: The Provision of: Pre-Employment and Fitness for Duty Medial Exams

AGREEMENT

The State of New Hampshire and the Contractor hereby mutually agree as follows:

GENERAL PROVISIONS

1. Identification and Definitions

1.1 State Agency Name NH Department of Corrections		1.2 State Agency Address 105 Pleasant St. Concord, NH 03301	
1.3 Contractor Name		1.4 Contractor Address	
1.5 Account No.	1.6 Completion Date 6-30-2009	1.7 Audit Date N/A	1.8 Price Limitation \$
1.9 Contracting Officer for State Agency William L. Wrenn, Commissioner		1.10 State Agency Telephone Number 1-603-271-5603	
1.11 Contractor Signature		1.12 Name & Title of Contractor Signor	
1.13 Acknowledgment: State of _____, County of _____, On _____ (DATE), before the undersigned officer, personally appeared the person identified in block 1.12., or satisfactorily proven to be the person whose name is signed in block 1.11., and acknowledged that s/he executed this document in the capacity indicated in block 1.12.			
1.13.1 Signature of Notary Public or Justice of the Peace [Seal]			
1.13.2 Name & Title of Notary Public or Justice of the Peace			
1.14 State Agency Signature(s)		1.15 Name/Title of State Agency Signor(s) William L. Wrenn, Commissioner	
1.16 Approval by Department of Personnel (Rate of Compensation for Individual Consultants) By: _____ Director, _____ On: _____			
1.17 Approval by Attorney General (Form, Substance and Execution) By: _____ Assistant Attorney General, _____ On: _____			
1.18 Approval by the Governor and Council By: _____ On: _____			
2. EMPLOYMENT OF CONTRACTOR/SERVICES TO BE PERFORMED. The State of New Hampshire, acting through the agency identified in block 1.1 ("the State"), engages contractor identified in block 1.3 ("the Contractor") to perform, and the Contractor shall perform, that work or sale of goods, or both, identified and more particularly described in EXHIBIT A incorporated herein ("the Services").			
3. EFFECTIVE DATE: COMPLETION OF SERVICES. 3.1 This agreement, and all obligations of the parties hereunder, shall become effective on the date the Governor and Council of the State of New Hampshire approve this agreement, ("the Effective Date"). 3.2 If the date for commencement in Exhibit A precedes the Effective Date all services performed by Contractor between the commencement date and the Effective Date shall be performed at the sole risk of the contractor and in the event that this Agreement does not become effective, the State shall be under no obligation to pay the contractor for any costs incurred or services performed; however that if this Agreement becomes effective all costs incurred prior to the effective date shall be paid under the terms of this Agreement. All services must be completed by the date specified in block 1.6.			
4. CONDITIONAL NATURE OF AGREEMENT. Notwithstanding anything in this agreement to the contrary, all obligations of the State hereunder, including, without limitation, the continuance of payments hereunder, are contingent upon the availability and continued appropriation of funds, and in no event shall the State be liable for any payments hereunder in excess of such available appropriated funds. In the event of a reduction or termination of those funds, the State shall have the right to withhold payment until such funds become available, if ever, and shall have the right to terminate this agreement immediately upon giving the Contractor notice of such termination. The State shall not be required to transfer funds from any other account to the account identified in block 1.5 in the event funds in that account are reduced or unavailable.			

CONTRACT PRICE: LIMITATION ON PRICE: PAYMENT.

5.1 The contract price, method of payment, and terms of payment are identified and more particularly described in Exhibit B, incorporated herein.

5.2 The payment by the State of the contract price shall be the only, and the complete, reimbursement to the Contractor for all expenses, of whatever nature, incurred by the Contractor in the performance hereof, and shall be the only and the complete compensation to the Contractor for the Services. The State shall have no liability to the Contractor other than the contract price.

5.3 The State reserves the right to offset from any amounts otherwise payable to the Contractor under this Agreement those liquidated amounts required or permitted by RSA 80:7 through 7-C or any other provision of law.

5.4 Notwithstanding anything in this Agreement to the contrary, and notwithstanding unexpected circumstances, in no event shall the total of all payments authorized, or actually made, hereunder exceed the price limitation set forth in block 1.8 of these general provisions.

6. COMPLIANCE BY CONTRACTOR WITH LAWS AND REGULATIONS: EQUAL EMPLOYMENT OPPORTUNITY.

6.1 In connection with the performance of the Services, the Contractor shall comply with all statutes, laws, regulations, and orders of federal, state, county or municipal authorities which impose any obligation or duty upon the Contractor, including, but not limited to civil rights and equal opportunity laws. In addition, the Vendor shall comply with all applicable copyright laws.

6.2 During the term of this Agreement, the Contractor shall not discriminate against employees or applicants for employment because of race, color, religion, creed, age, sex, handicap or national origin and will take affirmative action to prevent such discrimination.

6.3 If this agreement is funded in any part by monies of the United States, the Contractor shall comply with all the provisions of Executive Order No. 11246 ("Equal Employment Opportunity"), as supplemented by the regulations of the United States Department of Labor (41C.F.R. Part 60), and with any rules, regulations and guidelines as the State of New Hampshire or the United States issue to implement these regulations. The Contractor further agrees to permit the State or United States, access to any of the Contractor's books, records and accounts for the purpose of ascertaining compliance with all rules, regulations and orders, and the covenants and conditions of this Agreement.

7. PERSONNEL

7.1 The performance of the Services shall be carried out by employees of the Contractor. The Contractor shall at its own expense, provide all personnel necessary to perform the Services. The Contractor warrants that all personnel engaged in the Services shall be qualified to perform the Services, and shall be properly licensed and otherwise authorized to do so under all applicable laws.

7.2 The Contractor shall not hire, and shall permit no subcontractor or other person, firm or corporation with whom it is engaged in a combined effort to perform the Services, to hire any person who has a contractual relationship with the State, or who is a State officer or employee, elected or appointed.

7.3 The Contracting Officer specified in block 1.9, or his or her successor, shall be the State's representative. In the event of any dispute concerning the interpretation of this Agreement, the Contracting Officer's decision shall be final.

8. EVENT OF DEFAULT, REMEDIES.

8.1 Anyone or more of the following acts or omissions of the Contractor shall constitute an event of default hereunder ("Events of Default"):

8.1.1 failure to perform the Services satisfactorily or on schedule; or

8.1.2 failure to submit any report required hereunder; or

8.1.3 failure to perform any other covenant or condition of this Agreement.

8.2 Upon the occurrence of any Event of Default, the State may take any one, or more, or all, of the following actions:

8.2.1 give the Contractor a written notice specifying the Event of Default and requiring it to be remedied within, in the absence of a greater or lesser specification of time, thirty (30) days from the date of the notice; and if the Event of Default is not timely remedied, terminate this agreement, effective two (2) days after giving the Contractor notice of termination; and

8.2.2 give the Contractor a written notice specifying the Event of Default and suspending all payments to be made under this Agreement and ordering that the portion of the Contract price which would otherwise accrue to the Contractor during the period from the date of such notice until such time as the State determines that the Contractor has cured the Event of Default shall never be paid to the Contractor; and

8.2.3 set off against any other obligations the State may owe to the Contractor any damages the State suffers by reason of any Event of Default; and

8.2.4 treat the agreement as breached and pursue any of its remedies at law or in equity, or both.

9. DATA: ACCESS; CONFIDENTIALITY; PRESERVATION.

9.1 As used in this Agreement, the word "data" shall mean all information and things developed or obtained during the performance of, or acquired or developed

by reason of, this Agreement, including, but not limited to, all studies, reports, files, formulae, surveys, maps, charts, sound recordings, video recordings, pictorial reproductions, drawings, analyses, graphic representations, computer programs, computer printouts, notes, letters, memoranda, papers, and documents, all whether finished or unfinished.

9.2 On and after the Effective Date, all data and any property which has been received from the State or purchased with funds provided for that purpose under this Agreement, shall be the property of the State, and shall be returned to the State upon demand or upon termination of this Agreement for any reason.

9.3 Confidentiality of data shall be governed by RSA 91-A or other existing law. Disclosure pursuant to a right to know request shall require prior written approval of the State.

10. **TERMINATION.** In the event of an early termination of this Agreement for any reason other than the completion to the Services, the Contractor shall deliver to the Contracting Officer, not later than fifteen (15) days after the date of termination, a report ("the Termination Report") describing in detail all Services performed, and the Contract Price earned, to and including the date of termination. To the extent possible, the form, subject matter, content, and number of copies of the Termination Report shall be identical to those of any Final Report described in EXHIBIT A.

11. **CONTRACTOR'S RELATION TO THE STATE.** In the performance of this agreement the Contractor is in all respects an independent contractor, and is neither an agent nor an employee of the State. Neither the Contractor nor any of its officers, employees, agents or members shall have authority to bind the State or receive any benefits, worker's compensation or other emoluments provided by the State to its employees.

12. **ASSIGNMENT, DELEGATION AND SUBCONTRACTS.** The Contractor shall not assign, or otherwise transfer any interest in this Agreement without the prior written consent of the State. None of the Services shall be delegated or subcontracted by the Contractor without the prior written consent of the State.

13. **INDEMNIFICATION.** The Contractor shall defend, indemnify and hold harmless the State, its officers and employees, from and against any and all losses suffered by the State, its officers and employees, and any and all claims, liabilities or penalties asserted against the State, its officers and employees, by or

on behalf of any person, on account of, based or resulting from, arising out of (or which may be claimed to arise out of) the acts or omissions of the Contractor. Notwithstanding the foregoing, nothing herein contained shall be deemed to constitute a waiver of the sovereign immunity of the State, which immunity is hereby reserved to the State. This covenant shall survive the termination of this Agreement.

14. INSURANCE AND BOND.

14.1 The Contractor shall, at its sole expense, obtain and maintain in force, and shall require any subcontractor or assignee to obtain and maintain in force, both for the benefit of the State, the following insurance:

14.1.1 comprehensive general liability insurance against all claims of bodily injury, death or property damage, in amounts of not less than \$250,000 per claim and \$2,000,000 per incident; and

14.1.2 fire and extended coverage insurance covering all property subject to subparagraph 9.2 of these general provisions, in an amount not less than 80% of the whole replacement value of the property.

14.2 The policies described in subparagraph 14.1 of this paragraph shall be the standard form employed in the State of New Hampshire, issued by underwriters acceptable to the State, and authorized to do business in the State of New Hampshire. Each policy shall contain a clause prohibiting cancellation or modifications of the policy earlier than 10 days after written notice thereof has been received by the State.

15. **WAIVER OF BREACH.** No failure by the State to enforce any provisions hereof after any Event of Default shall be deemed a waiver of its rights with regard to that event, or any subsequent Event. No express failure of any Event of Default shall be deemed a waiver of the right of the State to enforce each and all of the provisions hereof upon any further or other default on the part of the Contractor.

16. **NOTICE.** Any notice by a party hereto to the other party shall be deemed to have been duly delivered or given at the time of mailing by certified mail, postage prepaid, in a United States Post Office addressed to the parties at the addresses given in blocks 1.2 and 1.4, above.

17. **AMENDMENT.** This agreement may be amended, waived or discharged only by an instrument in writing signed by the parties hereto and only after approval of such amendment, waiver or discharge by the Governor and Council of the State of New Hampshire.

18. **CONSTRUCTION OF AGREEMENT AND TERMS.** This Agreement shall be construed in accordance with the laws of the State of New Hampshire, and is binding upon and inures to the benefit of the parties and their respective successors and assigns.

19. **THIRD PARTIES.** The parties hereto do not intend to benefit any third parties and this agreement shall not be construed to confer any such benefit.

20. **SPECIAL PROVISIONS.** The additional provisions set forth in EXHIBIT C hereto are incorporated as part of this Agreement.

21. **ENTIRE AGREEMENT.** This agreement, which may be executed in a number of counterparts, each of which shall be deemed an original, constitutes the entire agreement and understanding between the parties, and supersedes all prior agreements and understanding.

Contractor Initial Here _____

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REQUEST FOR PROPOSAL
Supporting Documentation
NH Department of Corrections
Employee Health Services

1. PT Test Procedure
2. PT Test Standards
3. Physical Performance Standards/Corrections Environment
4. Pre-assignment Evaluation Packet
 - a. Appointment Page
 - b. Contents Page
 - c. Menu
 - d. Release of Information
 - e. Instructions
 - f. Medical History (three (3) pages)
 - g. Physical Examination (three(3) pages)
 - h. Pass for Entry into Department of Corrections facility
 - i. TB Screening/Immunization form
 - j. Occupational Health form
 - k. Medical Follow-up form
 - l. Audiology Recourse Tesing
5. Hepatitis B Vaccine Paperwork



PHYSICAL FITNESS TEST PROCEDURE N. H. POLICE STANDARDS & TRAINING

WE WILL REQUIRE CANDIDATES MEET AT LEAST THE 35TH PERCENTILE NORMS UPON ENTRY (MEANING THEY ARE AS AT LEAST FIT AS THE LOWER 35TH PERCENTILE OF THE POPULATION OF THAT AGE AND SEX) AND UPON GRADUATION TO HAVE PROGRESSED TO AT LEAST THE 45TH PERCENTILE (I.E. BE AS FIT AS HALF THE POPULATION OF THAT AGE AND SEX).

I. 1.5 Mile Timed Run

This is a test of the aerobic power that is so important to police officers when responding physically in an emergency situation. This test requires nearly exhaustive effort or at least the level of the higher intensities at which the individual has been training. It takes place on an indoor or outdoor track (six laps of a 440 yard track is 1.5 miles; or other suitable, relatively level running area, and is measured with a stopwatch. Participants should do some stretching and warm-up exercises prior to the test, and allow adequate time for cool down by walking or jogging at a slow pace following the test. Candidates will enter at the 35th percentile and exit at the 45th percentile.

II. One-Repetition Bench Press

This is a test of adequate muscular strength, or the amount of tension a muscle can exhibit in one maximal contraction. Since the bench press goes through the full range of motion, it correlates well with total body strength criterion. The equipment required is either a barbell bench and a barbell set, or a Universal gym or similar piece of equipment, with adequate weight capacity. The person in charge estimates the weight that an individual can press in one maximum effort by loading the weights to either about one-half the estimated maximum weight or for males, two-thirds of their body weight; or for females, one-half of their body weight. the individual is then instructed to press this weight once, for an easy warm up. You then increase the loading by increments of ten pounds or more (five pounds or more as the individual gets closer to his/her maximum). Tell the person to lift each individual weight once, then load the next increment. The first three or four reps serve as warm-up lifts to prevent muscle injury and prepare the candidate for a maximal lift on the fifth or sixth effort. The score is the maximum pounds lifted in one repetition. (If Universal equipment is used, record the number on the right.)

III. Push-ups

This is a test of dynamic muscular endurance, or the ability to contract the muscles repeatedly over a period of time which indicates efficiency in movement and the capacity to do work. It focuses on the shoulder girdle (deltoid, pectorals, triceps) which is important in defensive tactics, handcuffing and rescue operations. Candidates must keep their legs and back straight and knees off the ground at all times and from the "up" position, lower themselves to the floor until their chest touches within 3 inches, then push to the "up" position again. The total number of push-ups with correct form are recorded as the score. Females are allowed to use the modified female push up position.

IV. Sit-ups

This event measure the dynamic muscular endurance of the abdominal area which is important in the prevention of injuries while doing police work. The candidate lies on his/her back knees bent, heels flat on the floor, with a partner holding the feet down, then does as many sit-ups in correct form as possible in one minute. In the "up" position, the candidate must touch his/her elbows to their knees, and both shoulders should touch the floor in the "down" position. the score is the number of correct sit-ups in one minute.



PHYSICAL FITNESS TEST REQUIREMENTS

Per Standards of N.H. Police Academy (N.H. Police Standards & Training Council)

Scores Required to Pass at 35th %-ile (Entrance to Corrections Academy)

AGE RANGE	<u>ONE - REP BENCH PRESS</u>		<u>PUSH - UPS</u>		<u>SIT - UPS</u>		<u>1.5 MILE TIMED RUN</u>	
	Minimum % of Body weight to lift		Required number to complete		Required number to complete (in 1		Required maximum minutes allowed	
	MALES	FEMALES	MALES	FEMALES	MALES	FEMALES	MALES	FEMALES
18-29	0.96	0.58	27	22	37	31	13:06	15:49
30-39	0.86	0.52	21	17	33	24	13:53	16:23
40-49	0.78	0.48	16	11	28	19	14:47	16:59
50-59	0.70	0.43	11	10	22	12	15:53	18:09

Scores Required to Pass at 45th %-ile (Graduation from Corrections Academy)

AGE RANGE	<u>ONE - REP BENCH PRESS</u>		<u>PUSH - UPS</u>		<u>SIT - UPS</u>		<u>1.5 MILE TIMED RUN</u>	
	Minimum % of Body weight to lift		Required number to complete		Required number to complete (in 1		Required maximum minutes allowed	
	MALES	FEMALES	MALES	FEMALES	MALES	FEMALES	MALES	FEMALES
18-29	1.03	0.63	31	25	39	34	12:20	15:10
30-39	0.90	0.55	25	20	36	26	13:22	15:47
40-49	0.82	0.51	19	14	30	21	14:08	16:34
50-59	0.73	0.45	14	13	25	16	15:08	17:29

Note: Correctional Officers, and Probation/Parole Officers will be **required** to pass the Physical Fitness Test in order to gain entrance in the Corrections Academy and to attain / maintain certification as Law Enforcement Officers.

Note: Other staff members who attend the Corrections Academy are **expected to participate, to the best of their ability.**



N. H. DEPARTMENT OF CORRECTIONS

Performance Standards & the Corrections Environment

Corrections Academy

PHYSICAL PERFORMANCE

Department of Corrections employees are required to complete the Corrections Academy held at Police Standards and Training. The following is an explanation of the various standards of performance, training components and requirements which are to be used in determining the capability of the applicant to participate in this program of instruction and work in the corrections environment.

Certified Officers:

Corrections Officers and Probation/Parole Officers are ***required to pass*** the physical fitness test and must be able to fully participate and successfully complete the physical training, unarmed self defense (defensive tactics) and weapons qualification components in order to be certified as a corrections officer under N. H. Police Standards & Training Council Rules.

Corrections Line Personnel:

Other D. O. C. employees are ***encouraged to participate to the best of their ability*** in the physical fitness test, unarmed self defense (defensive tactics) and physical training. Furthermore, they may participate in weapons familiarization rather than weapons qualification.

Self Defense

The following is a list of activities, movements, postures and positions that are included in the unarmed self defense (defensive tactics) and other classes conducted as part of the academy. Please note the implications to the musculo-skeletal system, especially stress to joints as this information is reviewed. Physical training also involves participating in "take down" techniques where the participants are "thrown" or fall down onto a mat. Finally, strenuous physical activities may increase the demand on the cardio-pulmonary and vascular systems causing increased heart rate, respiratory rate, and blood pressure.

bending	crouching	jabbing	lifting	punching	restraining	stretching
blocking	falling	jumping	marching	pushing	running	swinging
chopping	grasping	kicking	pivoting	reaching	spinning	thrusting
crawling	gripping	kneeling	pulling	resisting	squatting	twisting

Incident Control: Oleoresin Capsicum (OC)

Oleoresin Capsicum (OC) is an agent used to subdue out-of-control inmates during altercations and disturbances. The components are comprised of an essential oil and a resin found in nature (oleoresin) and the active ingredient, which is a derivative of cayenne pepper (capsaicin). Departmental staff members are instructed in the safe handling of this agent and techniques to administer the agent to control volatile situations. This training is initiated in the Corrections Academy and as part of ongoing In-service Education programming. Students are exposed to OC by primary contact, such as aerosolized droplets or foam, and by secondary contact by handling objects contaminated by the agent. They are also taught how to properly treat areas that may have been exposed to the agent.

CORRECTIONS ENVIRONMENT

The Corrections environment is an environment where N. H. Department of Corrections staff members are in direct/close contact with convicted felons or psychiatric patients who may have a history of unpredictable or violent behavior; this requires the ability to maintain vigilance, the utilization of well developed observation skills and the capacity to respond rapidly to unexpected and/or emergency situations.

Other physical demands may include periods of prolonged standing, walking, or sitting, and occasional to frequent stair climbing.



N. H. DEPARTMENT OF CORRECTIONS
BUREAU OF HUMAN RESOURCES
OFFICE OF EMPLOYEE HEALTH SERVICES

Contents: Pre-assignment Physical Examination Packet

1. Physical Examination Menu
2. Release of Medical Information form
3. Instructions for the Completion and Distribution of Medical Evaluation Paperwork
5. Medical History form (three (3) pages)
6. Physical Examination form (three (3) pages)
7. Occupational Health Form
7. Pass for entry into a Department of Corrections facility
8. TB Screening / Immunization form
9. Medical Follow-up form
10. Audiology Recourse Testing form

Questions should be directed to your recruiter or Employee Health Services.



**N. H. DEPARTMENT OF CORRECTIONS
BUREAU OF HUMAN RESOURCES
OFFICE OF EMPLOYEE HEALTH SERVICES**

Physical Examination Menu

Name: _____

Position: _____

_____ Physical Examination

_____ Audiology Screening (for Officers only)

_____ TB Screening: ☐ Mantoux (PPD) ☐ Symptom Check

_____ Urinalysis by dipstick



**N. H. DEPARTMENT OF CORRECTIONS
BUREAU OF HUMAN RESOURCES
OFFICE OF EMPLOYEE HEALTH SERVICES**

RELEASE OF MEDICAL INFORMATION

I authorize the N. H. Department of Corrections to provide copies of any or all records or reports resulting from my pre-assignment physical evaluation to include my medical history and physical examination, the results of laboratory or other tests (which may include third party disclosure), physician statements and the Occupational Health Form to the Staff of N. H. Police Standards and Training Council as part of application for enrollment in the Department of Corrections Academy.

Name

Signature

Date

Witness Name

Witness Signature

Date



N. H. DEPARTMENT OF CORRECTIONS
BUREAU OF HUMAN RESOURCES
OFFICE OF EMPLOYEE HEALTH SERVICES

Instructions for Completion and Distribution of Medical Evaluation Paperwork

YOU ARE RESPONSIBLE FOR FOLLOWING THESE DIRECTIONS AND INSTRUCTIONS

1. The forms in this packet must be completed **prior** to reporting to your appointment.
2. Responses **must be printed legibly** in blue or black ink using a **ball point pen**.
3. **DO NOT LEAVE ANY BLANK LINES OR SPACES**
4. Be sure that your **full name** and date of birth (DOB) are recorded in the spaces provided **on each page**.
5. If you have any questions, please ask before you leave for your appointment.
6. If you wear corrective lenses YOU MUST HAVE THEM WITH YOU for your appointment.

NOTE: If you wear contact lens you will be required to remove them for the examination.
Please bring any necessary supplies with you to the appointment.

7. Medical History

Page 1

- Item 4 Home address: be sure to include city or town and state
- Item 5 Home phone: You **may also** include a work phone or cell phone
- Item 6 Position: indicate the Position for which you are applying
- Item 7 Purpose of Examination: indicate "Pre-assignment Physical Exam"
- Item 10 Indicate any current medical conditions; write the names of **all** medications to include "over the counter" (OTC) , herbal or dietary supplements

Page 2

Items 17 through 26: If any of these categories are answered "yes" a detailed explanation is required; use the space to the right. PLEASE USE THE APPROPRIATE CORRESPONDING NUMBER TO LABEL EACH EXPLANATION

Page 3

- Item 25: Read carefully and sign to confirm that your answers are accurate and complete

8. Occupational Health Form

You will be given the Occupational Health form by the examiner at the end of your appointment. You must retain this form and present it to the instructor on the day of your Physical Fitness Test.

NOTE: YOU WILL NOT BE PERMITTED TO TAKE THE PT TEST WITHOUT THIS FORM

9. TB Screening/Immunization Record and Pass

You will be given your TB Screening/Immunization Record and a Pass to admit you to one of the DOC facilities to have the TB Test read.

NOTE: Reading of the screening test is TIME SENSITIVE. If you fail to meet the time requirements the test is invalid. This screening is required for medical clearance.

Please return the completed TB form to EMPLOYEE HEALTH SERVICES OFFICE as soon as possible after the test is read.

MEDICAL CLEARANCE CANNOT BE COMPLETED WITHOUT IT

Mailing address:

PO Box 1806
Concord, NH 03302-1806

Street address:

105 Pleasant St., 3rd Floor
Concord, NH 03301

10. Information recorded on these documents is for official use only in order to determine if your health status will allow you to perform the duties required for the position for which you have applied.

Questions should be directed to your recruiter or N. H. Department of Corrections Employee Health Services.



**N. H. Department of Corrections
Employee Health Services
Medical History**

Name: _____

DOB: _____

15. What is your usual occupation:	16. Are you (circle one) Right handed Left handed
------------------------------------	---

Check each item yes or no. Every item checked yes must be fully explained in the blank space provided on the right.

<u>YES</u>	<u>NO</u>	<u>CATEGORY</u>	<u>EXPLANATION</u>
		17. Have you been refused employment or been unable to hold a job or stay in school because of: ___ A. Sensitivity to chemicals, dust, sunlight, etc. ___ B. Inability to perform certain motions. ___ C. Inability to assume certain positions. ___ D. Other medical reasons (If yes, give reasons)	
		18. Have you ever been treated for a mental condition? If yes, specify when, where, and give details.	
		19. Have you ever been denied life insurance? If yes, state the reason and give details.	
		20. Have you had or have you been advised to have any operations? If yes describe and give age at which they occurred.	
		21. Have you ever been a patient in any type of hospitals? If yes specify when, where why and the name of doctor and complete address of hospital.	
		22. Have you ever had any illness or injury other than those already noted? If yes, specify when, where, and give details.	
		23. Have you consulted or been treated by clinics, physicians, healers or other practitioners within the past 5 years for other than minor illnesses? If yes give complete address of doctor, hospital, clinic and details.	
		24. Have you ever been rejected for military service because of physical, mental or other reasons? If yes give date and reason for rejection.	
		25. Have you ever been discharged from military service because of physical, mental or other reasons? If yes, give date, reason, and type of discharge: Honorable, Other than Honorable, for Unfitness, or Unsuitability.	
		26. Have you ever received, is there pending, or have you applied for pension or compensation for an existing disability? If yes, specify what kind, granted by whom, what amount, when and why?	



DOB: _____

Printed name of Examinee

Signature

Date _____

Item #	Comments
--------	----------

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

Typed or printed name and address of examiner		Examiner's signature	
Name	_____	<div> <div>Phone number</div> <div>FAX number</div> </div> <div>Date signed</div>	
Address	_____		

➔ Return to: Lisa Angelini, RN / CNA, BC Administrator, Employee Health Services

FAX (603)271-3345

Phone (603) 271-5661

E-Mail: langelini@nhdoc.state.nh.u

NH Department of Corrections

Employee Health Services

PO Box 1806

Concord, NH 03302-1806



N. H. Department of Corrections
Employee Health Services
Physical Examination

1. Last Name		First Name		Middle Initial		2. Date of Birth																									
3. General Appearance and Development (Circle one) Good Fair Poor						4. Position																									
5. Height without shoes				6. Weight without shoes		Circle one Group I Group II																									
7. Visual Acuity		Note: If applicant wears glasses or contact lenses, test and record results with and without																													
		a. Distant Without accommodation		R/20 _____	L/20 _____	B/20 _____																									
				R/20 _____	L/20 _____	B/20 _____																									
		b. Near Without accommodation		R/20 _____	L/20 _____	B/20 _____																									
				R/20 _____	L/20 _____	B/20 _____																									
		c. Depth perception: _____		d. Color perception: _____																											
		e. Form Fields of vision: Left Eye: _____ Right Eye: _____ Each on Zero Line: _____ Circle one: Degrees of fields obtained by instrumentation or confrontation.																													
8. Eyes		a. Pupils: Shape: _____ Equal: _____ Reaction: _____ b. Evidence of disease or injury: _____ c. Fundoscopic: _____																													
9. Head and Neck		a. Nose: _____ b. Septum: _____ c. Teeth: _____ d. Gums: _____ e. Pharynx: _____ f. Tonsils: _____ g. Soft Tissue: _____ h. Thyroid: _____ i. Bruit: _____ j. Nodes: _____ k. Ears: _____ l. Tympanic Membranes: Left _____ Right _____																													
10. Hearing		Indicate testing method / instrument used: Right Ear: 500 Hz _____ 1000 Hz _____ 2000 Hz _____ 3000 Hz _____ Left Ear: 500 Hz _____ 1000 Hz _____ 2000 Hz _____ 3000 Hz _____																													
11. Chest		a. Configuration _____ b. Measurement: Inspiration: _____ c. Axillary Nodes _____ Expiration: _____																													
12. Lungs		a. Breath Sounds _____ b. Rales: _____ c. Rub: _____																													
13. Heart		a. Rate: _____ b. Rhythm: _____ c. Sounds _____																													
14. Cardio-Vascular		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Activity</th> <th style="width: 15%;">Blood Pressure</th> <th style="width: 15%;">Pulse Rate</th> <th style="width: 15%;">Heart Sounds</th> <th style="width: 15%;">Rhythm</th> </tr> </thead> <tbody> <tr> <td>a. At rest</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>b. After moderate exercise</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>c. 3 minutes post exercise</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>					Activity	Blood Pressure	Pulse Rate	Heart Sounds	Rhythm	a. At rest					b. After moderate exercise					c. 3 minutes post exercise									
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		a. At rest																													
		b. After moderate exercise																													
		c. 3 minutes post exercise																													
		Type and duration of exercise used for testing: _____																													
		Explain significance of BP measurements above 145 Hg systolic or 95 Hg diastolic in item # 21.																													
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		d. Left hand / radial																													
e. Right hand / radial																															
f. Left foot / pedal																															
g. Right foot / pedal																															
h. Note any abnormalities: _____																															



**N. H. Department of Corrections
Employee Health Services
Physical Examination**

Name: _____

DOB: _____

[illegible]



**N. H. Department of Corrections
Employee Health Services
Physical Examination**

Name: _____

DOB: _____

22. Conclusion	Certification of Medical Release:		
	Upon review of the Medical Standards of the NH Police Standards & Training Council as well as the Physical Performance Standards of the NH Department of Corrections, this certifies that the above named individual was examined by me on _____		
	<input type="checkbox"/> is in good health and is able to participate in the NH Department of Corrections Academy and the Physical Training Program		
	<input type="checkbox"/> Without restriction(s) or limitation(s). <input type="checkbox"/> With the restriction(s) or limitation(s) of:		

	<input type="checkbox"/> is subject to further medical assessment by for the following reasons:		

	<input type="checkbox"/> He /she has been given:		
	a Medical Follow-up Notice		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N / A
	an audiology recourse testing packet		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N / A
	a copy of Medical History & Physical Examination		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N / A
	Other: _____		
23. Examiner Identification and Signature	Typed or printed name and address of examiner		Examiner's signature
	Name _____		
	Address: _____		Phone number
	_____		FAX number
			Date signed

Return to: Lisa Angelini, RN / CNA, BC

FAX (603) 271-3345

Phone (603) 271-5661
E-Mail langelini@nhdoc.state.nh.us

NH Department of Corrections
Employee Health Services
PO Box 1806
Concord, NH 03302-1806



STATE OF NEW HAMPSHIRE
DEPARTMENT OF CORRECTIONS
Human Resources Bureau
P. O. Box 1806
Concord, New Hampshire 03302-1806
FAX: (603) 271-3345

Lisa Currier
Administrator

Memorandum

(Pass for Entry into Depart. Of Corrections facility)

To: **FRONT DOOR OFFICER** Date _____

From: Rod Greenwood At: NH DOC Recruiting Office
Recruiting Lieutenant Phone: 271-5645

Subject: **Reading of TB Screening Test**

This perspective employee _____ needs to have
his / her TB test read at:

_____ NHSP-Men, Health Services Center in Concord
Phone: 271-1853 or 271-6064

_____ NHSP-Women, Health Services Center in Goffstown
Phone: 668-6137, ext 311 or 312

_____ Lakes Region Facility, Health Services Center in Laconia
Phone: 528-9200 Location is Station L

_____ Northern NH Correctional Facility, Health Services Center in Berlin
Phone: 572-0345

_____ DOC Headquarters, Employee Health Services Office in Concord
Phone: 271-5661

Instructions to Applicant: Report to the above facility

AFTER _____ ON _____
BEFORE _____ ON _____ } (24 hour window)

READING OF RESULTS **MUST** BE DONE **AFTER** 48 HOURS
BUT
NO LATER THAN 72 HOURS

REMINDER: Please return the completed TB form to
EMPLOYEE HEALTH SERVICES OFFICE
as soon as possible
MEDICAL CLEARANCE CANNOT BE COMPLETED WITHOUT IT.



**N. H. Department of Corrections
Employee Health Services
TB Screening / Immunization Record**

Name: _____

DOB: _____

History

Allergies: _____

TB skin test reaction

- ☐ Unknown
☐ Negative _____
☐ Positive _____

Previous TB Treatment Dates: from _____ to _____

Meds: _____

Active TB Treatment Dates: from _____ to _____

Meds: _____

Last Chest X-Ray

Date: _____

Result: _____

BCG vaccination Date: _____

Reason: _____

TB Screening (Mantoux)

TB Control Type	Date Adm.	by Nurse	Site	Lot #	Date Read	by Nurse	Result

Other Vaccines or Screening Tests

Description (Type of Vaccine or Test)	Date Adm.	by Nurse	Site	Lot #	Comments

T. B. Symptom Check and History

Date	HCP: _____ CXR Date: _____ Results: _____ Comments: _____ Productive Cough Y N Hemoptysis Y N Weight loss Y N Chronic resp. symptom Y N Night sweats Y N
Date	HCP: _____ CXR Date: _____ Results: _____ Comments: _____ Productive Cough Y N Hemoptysis Y N Weight loss Y N Chronic resp. symptom Y N Night sweats Y N
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**N. H. Department of Corrections
Employee Health Services**

Occupational Health Form

Name: _____

DOB: _____ wgt: _____

Physical Training Program Requirements of Corrections Academy

Training Program

Physical Fitness Test

Activity/Motion	Yes	No
Run	___	___
Sit-ups	___	___
Push-ups	___	___
Climb	___	___
Reach	___	___
Grasp	___	___
Push	___	___
Pull	___	___
Strike/punch	___	___
Jump	___	___
Twist	___	___
Lunge	___	___
Pivot	___	___
Squat	___	___
Kneel	___	___
Bend	___	___
Crawl	___	___
Kick	___	___
Fall to ground	___	___
Restrain another person	___	___

SIT - UPS (in 60 seconds)

Number to complete		
AGE	MALES	FEMALES
18-29	37	31
30-39	33	24
40-49	28	19
50-59	22	12
60+	18	5

PUSH - UPS

Number to complete		
AGE	MALES	FEMALES
18-29	27	22
30-39	21	17
40-49	16	11
50-59	11	10
60+	9	4

1.5 MILE TIMED RUN

Minutes to complete		
AGE	MALES	FEMALES
18-29	13:06	15:49
30-39	13:53	16:23
40-49	14:47	16:59
50-59	15:53	18:09
60+	16:59	18:54

ONE-REPETITION BENCH PRESS

Weight requirement*		
AGE	MALES	FEMALES
18-29	0.96	0.58
30-39	0.86	0.52
40-49	0.78	0.48
50-59	0.70	0.43
60+	0.65	0.41
* Multiply by body weight		

Bench press wgt: _____

lbs

1. ___ Is able to fully participate in the Physical Training Program and Physical Fitness Testing as indicated above
2. ___ Is able to participate in the Physical Training Program and Physical Fitness Testing with the following restrictions:

3. Recommendations/Instructions/Referrals:

(HCP Signature)

(Patient's Signature)

(Date)

cc: Patient
DOC EHS



N. H. Department of Corrections
Employee Health Services
Medical Follow-up Notice

Name: _____

DOB: _____

Your pre-assignment medical examination / laboratory / screening tests conducted for the N. H. Department of Corrections requires:

- ☐ Follow-up by your personal Health Care Provider
- ☐ Input / clarification from your personal Health Care Provider
- ☐ Further clinical evaluation and/or treatment for concerns or conditions noted below:

Clinical findings that warrant attention include:

- ☐ Laboratory results outside the normal range
- ☐ Clinical findings that do not meet NH Police Standards & Training Council Medical Standards
- ☐ Recent medical condition/history that does not meet NH Police Standards & Training Council Medical Standards
- ☐ Other: _____

Date

HCP Signature

PLEASE NOTE:

You **MUST** contact Lisa Angelini, RN/CNA, BC before you proceed with any follow-up activities indicated above. Failure to do so will result in delays in the hiring process.

Lisa Angelini, Administrator, Employee Health Services
Phone: (603) 271-5661

CC: NH DOC Employee Health Services
File



STATE OF NEW HAMPSHIRE
DEPARTMENT OF CORRECTIONS
Human Resources Bureau
P. O. Box 1806
Concord, New Hampshire 03302-1806
FAX: (603) 271-3345

Lisa Currier
Administrator

Audiology Referral Memorandum

To: _____

Date: _____

From: Lisa Angelini, RN/CNA, BC
Administrator, Employee Health Services

At: NH DOC Employee Health Services
Phone: 271-5661

Subject: **Recourse Testing/evaluation and correction**

The results of the audiology screening performed as part of your pre-assignment physical examination indicate that you have not met the standards established by the Police Standards and Training Council. As you were previously informed, passing the physical examination is one of the mandatory requirements for the position which you applied for. Therefore, the following steps must be taken for you to pass the physical and meet the established standards.

1. Notify your DOC recruiter **within five (5) days of the receipt of this notice** to confirm your intent to continue with the hiring process.
2. Make an appointment with a licensed audiologist for recourse testing. There are specific examination requirements which are outlined in the attachment. **Be sure to give this attachment to the audiologist at the time of your examination.** Should either of you have any questions or concerns about the process please call The Administrator of Employee Health Services for clarification.
3. Have the audiologist submit the results of the examination directly to the Administrator of Employee Health Services at the address at the top of this memorandum. Results may also be faxed to the number indicated above, but the original document must also be mailed to the address at the top of this memorandum.
4. Once the results are reviewed you shall be notified as to whether or not you have met the medical standard.
5. **PLEASE NOTE: This testing will not be paid for by the N. H. Department of Corrections; it will be at your own expense.**
6. If we do not hear from you in the time frame specified above we will conclude that you are no longer interested in pursuing employment with the Department of Corrections.

cc: L. Angelini, RN/CNA, BC



N. H. DEPARTMENT OF CORRECTIONS
BUREAU OF HUMAN RESOURCES
OFFICE OF EMPLOYEE HEALTH SERVICES

Recourse Testing: Audiology Requirements (per N.H. Police Standards and Training Council)

1. Audiological examination

Administered by a licensed audiologist performed in a sound treated environment meeting the 1969 ANSI or any subsequent standard and is to include:

- ♦ *Hearing sensitivity*
- ♦ *Speech discrimination in quiet conditions*
The CID W-22 word list should be presented at 50 DB HL via a calibrated speech audiometer through a single speaker stationed at zero degrees azimuth with the candidate seated at approximately one meter (39 inches) from the speaker.
- ♦ *Speech discrimination in noisy conditions*
Speech (hearing) discrimination testing in a background of broadband noise shall be conducted in the same sound field environment. Using a different version of one of the CID W-22 word lists presented at 50 DB HL, a competing noise should be simultaneously presented at 40 DB HL (S/N \pm 10) through the same speaker (zero degrees azimuth) as the test words or through a separate speaker located at 180 degrees azimuth.

➡ **NOTE: An open-test response format must be utilized with the candidate responding in writing.**

2. Hearing Aid Suitability

- ♦ *Biological (HAC-B)*
Use of hearing aids to achieve standards are permitted as long as they are self-contained and fit within (auricular) or behind/over (post auricular) the ear.

and

- ♦ *Acoustical (HAC-A)*
Candidates with hearing aids shall provide evidence from a licensed audiologist, using functional gain or real ear measurements, that such aid(s) meet the stipulated manufacturer's standards and have automatic shutdown capabilities.

Please document test results as percentages.

Questions should be directed to L. Angelini, RN/CNA, BC (603) 271-5661



N. H. DEPARTMENT OF CORRECTIONS

OFFICE OF EMPLOYEE HEALTH SERVICES

Hepatitis B Vaccine Administration: Informed Consent/Refusal

Name: _____ DOB: _____ Height: _____ Weight: _____

ALLERGIES: _____

I have received written information about Hepatitis B and the Energix-B vaccine. I have had an opportunity to ask questions, and I understand the risks and benefits of receiving the vaccine.

SECTION I Informed Consent

I request to receive the Energix-B vaccine. I understand that I must receive all three (3) doses in order to confer immunity. I understand that immunity is not guaranteed. I understand that I may experience any of the side-effects from the vaccine. I understand that my right to receive all three (3) doses depends on my continued employment with the NH Department of Corrections.

Employee Name

Employee Signature

Date

SECTION II Vaccination Record

	Vaccine	Site	Lot #	Date	Administered by:
#1	_____	_____	_____	_____	_____
#2	_____	_____	_____	_____	_____
#3	_____	_____	_____	_____	_____

SECTION III Informed Refusal

I understand that due to an occupational exposure to blood or other body fluids contaminated with blood, I may be at risk for acquiring Hepatitis B infection. I have been given the opportunity to receive Hepatitis B vaccination at no cost to myself. Despite the risks of exposure and possible infection, I decline the vaccination at this time. If, in the future, I remain in an occupation where there is a potential for exposure to blood or body fluids contaminated with blood, I understand that I may choose to be vaccinated at that time at no cost to myself.

Employee Name

Employee Signature

Date